

TELECOMMUTER AGREEMENT

Name of Employee: _____

Office/Division/Branch: _____

The employee will work at the following location:

FULL HOME ADDRESS:

DESIGNATED WORK AREA or TELEWORK CENTER ADDRESS:

The employee's work schedule on a weekly basis is as follows:

Week 1

Monday:	From _____ to _____	Location: _____
Tuesday:	From _____ to _____	Location: _____
Wednesday:	From _____ to _____	Location: _____
Thursday:	From _____ to _____	Location: _____
Friday:	From _____ to _____	Location: _____

Week 2

Monday:	From _____ to _____	Location: _____
Tuesday:	From _____ to _____	Location: _____
Wednesday:	From _____ to _____	Location: _____
Thursday:	From _____ to _____	Location: _____
Friday:	From _____ to _____	Location: _____

When working at home, the employee can be reached at the following telephone number(s):

Phone: (_____)_____

Fax: (_____)_____

The employee can be reached at the following electronic mail address, if applicable:

The employee agrees to retrieve voice and/or electronic messages at least _____ times per day.

The employee will contact his/her supervisor regularly, in the following way (how often? how?):

The employee will complete the following types of work assignments, according to the work plans, as agreed to:

The organization will provide the employee with the following equipment/furniture for use while working at home.

The following additional equipment/furniture will be provided by the employee:

The organization will not reimburse the employee for the following expenses:

This specific agreement is entered into between the employee and the supervisor. The employee acknowledges receipt of a copy of the Telecommuting Guidelines and Procedures upon signing this Agreement and further agrees to comply with its provisions.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Information Technology
Division Official's Signature _____ Date _____

File:

Original - Employee's Time and Attendance Folder
Copy - Employee